

Date Logged: _____ Response Due Date: _____

APPEAL OF CLASSIFICATION**ARTS PROGRAM
Occupational Group Study**

The Department of Personnel has reviewed all of the information obtained during this study and recommended a classification and grade level for your position. Our classification recommendations are based on seven factors: nature and complexity of work; knowledge, skills and abilities required; supervisory/managerial responsibility; independence/supervision received; scope of responsibility/consequence of error; authority to take action/decision-making; and personal contacts.

Per NAC 284.152, you may file an appeal of the classification recommendation for your position with the Director of Personnel within 20 working days. If you wish to appeal the recommendation for your position, please answer the following questions as appropriate.

☐ If this appeal is being made by a group of incumbents, please place a check in this box and attach a list containing each appellant's name, budget account, position control number and signature. *NOTE: Group appeals submitted without signatures are not valid.*

PLEASE PRINT

Employee Name	Phone #	Budget Acct #	Position Control #
Department		Division	
Supervisor's Name		Supervisor's Phone #	
Current Class Title and Grade		Proposed Class Title & Grade Specified in Allocation Memo	
Employee Signature			

1. I wish to appeal the class to which my position was allocated based on one or more of the reasons listed below: *(Check all that apply and provide an appropriate explanation for each. Attach additional pages if necessary.)*

☐ A. My position should be classified at a different level in the class series. *(Please identify the appropriate level and briefly explain why your position meets the definition stated in the class concepts for that level in the series.)*

☐ B. My position should be classified to a different class series. *(Please indicate which class series and briefly explain why your position meets the definition for that class.)*

- 1C. ☐ My position has experienced major changes in duties. *(Using the format provided below, briefly describe all duties you perform. Assign a number to each duty and estimate the percentage of time spent in each area. Place an asterisk(*) next to each duty that is new.)*

No.	Duties	% of Time

CERTIFICATION: I certify the new duties described above are correct and complete. Changes were/will be effective on

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

2. ☐ I wish to appeal the grade level of the class to which my position was allocated. The grade level of this class should be _____. *(Please explain why this class should be at this level.)*
3. ☐ I do not wish to appeal the classification recommendation for my position. However, I suggest changes to the class specification for my class. *(Please attach a copy of the class specification with your suggestions. Remember, the class specification is a general description of all positions in the class.)*

Submit completed form to the Director of the Department of Personnel and forward a copy to your agency's personnel office. **If your appeal is based on Item 1C (signatures required), please submit an original hard copy.** Form must be received by the Department of Personnel or postmarked by the U.S. Postal Service on or before the due date via:

1. First Class Mail to 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204; or
2. Fax to (775) 684-0124; or
3. E-mail to Valerie Kneefel at vkneefel@dop.nv.gov

If you have any questions about this form or the appeal process, please call Carol Pion at (775) 684-0151.